

For Board Use Only
Fee Paid: _____
Date: _____
Receipt #: _____
Applicant #: _____



GEORGIA STATE BOARD OF COSMETOLOGY

237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440

www.sos.ga.gov

ORDER FORM

for

DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Georgia State Board of Cosmetology and mail to the address listed above. Salon or school licensees who are requesting a duplicate license are approved only for a **lost or stolen** license. **A change of business name, address/location, or ownership requires a new application.** (See website for application forms.)

Request for (check one): ☐ Duplicate Pocket-License Card ☐ License Verification

Type License (check one): ☐ Master Cosmetologist ☐ Hair Designer
☐ Esthetician ☐ Nail Technician
☐ Cosmetology Apprentice ☐ Salon / shop
☐ School

License #: _____

Reason for Duplicate License:

☐ Name Change** ☐ Address Change ☐ Lost/Stolen

****Complete application in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order; Corporations Amendment. Salons/schools who are changing names will have to submit a new application (see website for application forms).**

Name of licensee or facility: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Daytime Phone #: () _____ **Fax#:** () _____

Email Address: _____

For Verification of license requests, please indicate where verification should be mailed if different from above:

(Name or Agency Name)

(Mailing Address)

(City) (State) (Zip)

Signature: _____ **Date** _____